

Cosmetology Salon Reactivation Application

Non-refundable fee of \$144.00

A salon that does not have an active salon license shall not provide any cosmetology services until the salon license is active

1. SALON DEMOGRAPHICS. PRINT CLEARLY & LEGIBLY

Salon License No.	
Salon Name	
NOTE: If requesting a salon name change, you must include the \$20.00 fee and return the original 8x10 salon license certificate	
Salon Address, you must provide the physical location, including suite, unit, room numbers, etc.	
Salon City, State, Zip Code	

2. SOLE PROPRIETORSHIP OR PARTNERSHIP. PRINT CLEARLY & LEGIBLY

IMPORTANT NOTE: The name listed as the primary owner will receive the licensure documents in the mail. They will also receive the email notifications when time to renew this license.

Full name of all business owner(s). **List primary owner first.** Use additional sheet if necessary.

Primary owner mailing address (see important note above):

City/State/Zip Code

Primary owner e-mail (see important note above):

Primary owner phone number:

Primary owner Iowa license #:

Primary owner SSN or Tax ID #:

Primary owner Date of Birth:

If the primary owner does not hold an active Iowa license in the Cosmetology Arts & Sciences Board (cosmetologist, electrologist, esthetician, nail technician) you **must** provide the full name and license number of licensee working in the salon in the role of manager or supervisor, as required by the Board.

Full Name of licensed staff working in role as manager/supervisor as required by the Board.	License #

3. CORPORATION OR LIMITED LIABILITY COMPANY – PLEASE PRINT CLEARLY & LEGIBLY**Complete this section only if salon is owned by a corporation/LLC, etc.****IMPORTANT NOTE:** The name listed as the primary contact will receive the licensure documents in the mail. They will also receive the email notifications when time to renew this license.

Name of Corporation: _____

Corporation mailing address (see important note above): _____

Primary contact e-mail (see important note above): _____

Primary contact phone number: _____

Primary contact Iowa license #: _____

Primary contact SSN or Tax ID #: _____

Primary contact Date of Birth: _____

If the primary contact does not hold an active Iowa license in the Cosmetology Arts & Sciences Board (cosmetologist, electrologist, esthetician, nail technician) you **must** provide the full name and license number of licensee working in the salon in the role of manager or supervisor, as required by the Board.

Full Name of licensed staff working in role as manager/supervisor as required by the Board.	License #

4. SCREENING QUESTIONS FOR ALL OWNERS**If you answer “Yes” to any of the screening questions listed above, you must do the following:**

- Attach a signed letter of explanation to this application providing the details of the incident(s) that caused you to answer “Yes”.
- Attach a copy of court ordered evaluations that resulted from your convictions (if any) to this application, along with evidence that the recommendations from the evaluations have been completed.
- Attach a copy of all official court documents regarding the conviction or malpractice action to this application, including final disposition of the case or settlement agreement.

Yes	No	Been convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$500)? If you have already reported this incident to the licensing board, you may answer “NO” to this question. You do not need to report it again.
Yes	No	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you? If you have already reported this incident to the licensing board, you may answer “NO” to this question. You do not need to report it again.
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer “NO” to this question.
Yes	No	Been disciplined or sanctioned by any other licensing, registration, or certification authority or organization related to your professional practice? If this licensing board took the disciplinary action, you may answer “NO” to this question.
Yes	No	Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Program, you may answer "NO" to this question.)

5. SALON INFORMATION. ANSWER ALL SIX QUESTIONS.

Yes	No	Is this a home salon? If YES, list the number of chair/work station(s) within the salon _____.
Yes	No	Is this a chair/workstation rental salon? If YES, list the number you plan to rent to licensed contractors <u>not</u> employees _____.
Yes	No	Are you an independent contractor working in a licensed salon and renting a single chair/work station from that owner?
Yes	No	For salons that do not fall into the categories above, list the number of chair/work station(s) within the salon _____.
Yes	No	Is this salon application due to Change of Owner(s)? The former location will be closed when new location becomes active. The former location 8x10 salon license certificate must be returned to the Board office.
Yes	No	Is this salon application due to Change of Location? The former location will be closed when new location becomes active. The former location 8x10 salon license certificate must be returned to the Board office.

6. CERTIFICATION

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me during this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions in Iowa law.

I understand that the Board strongly suggests that the salon self-inspection checklist is completed prior to the reactivation of the salon license and will be done once per year after that.

The salon self-inspection checklist can be found at this web site:

<https://idph.iowa.gov/Licensure/Iowa-Board-of-Cosmetology-Arts-and-Sciences/Licensure>

Finally, in submitting this application, **I consent** to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

Signature of salon owner(s)

Date

Signature of manager/supervisor of salon

Date

Checklist for salon reactivation. This page **is not to be mailed** with the above application. This page is for your records.

- ☐ Non-refundable fee of \$144.00. Check or money order **must** be payable to the Iowa Board of Cosmetology Arts & Sciences.
- ☐ Complete and sign the application in ink.
- ☐ Allow 2-3 weeks for processing. Once approved new cards will be mailed to the primary owner.
- ☐ A salon that does not have an active salon license shall not provide any cosmetology services until the salon license is active.
- ☐ You are strongly encouraged to complete the salon self-inspection checklist once per year. The salon self-inspection checklist can be found at this web site:
<https://idph.iowa.gov/Licensure/Iowa-Board-of-Cosmetology-Arts-and-Sciences/Licensure>

Please Note-Upon closure of the salon, the salon license certificate shall be submitted to the board office within 30 days. Print CLOSED on the back of the certificate, along with the date the salon closed.

645—65.2 (157,272C) **Grounds for discipline**. The board may impose any of the disciplinary sanctions provided in rule 645—65.3(157,272C) when the board determines that any of the following acts or offenses have occurred; this is not the full list:

- 65.2(25) Failure to return the salon license to the board within 30 days of discontinuance of business under that license.
- 65.2(26) Representing oneself as a licensed individual or entity when one's license has been suspended or revoked, or when one's license is on inactive status.
- 65.2(28) Permitting an unlicensed employee or person under the licensee's or the licensed school's or salon's control to perform activities that require a license.
- 65.2(29) Permitting a licensed person under the licensee's or the licensed school's or salon's control to practice outside the scope of the person's license.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing.

Mail the completed application to:

Board of Cosmetology Arts & Sciences
IDPH/Bureau of Professional Licensure
5th Floor, Lucas State Office Building
321 E. 12th St.
Des Moines, IA 50319

Email: PLPublic@idph.iowa.gov
Phone: (515) 281-0254
Fax: (515) 281-3121
Bureau Website: www.idph.iowa.gov/licensure
Online Licensure Services: <https://ibplicense.iowa.gov>